



## Complete Summary

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### TITLE

Asthma: percentage of patients aged 5 to 40 years with diagnosed asthma who were evaluated during at least one office visit during the reporting year for the frequency (numeric) of daytime and nocturnal asthma symptoms.

### SOURCE(S)

Physician Consortium for Performance Improvement. Clinical performance measures: asthma. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2003. 6 p. [13 references]

## Brief Abstract

### DESCRIPTION

This measure assesses the percentage of patients aged 5 to 40 years with diagnosed asthma who were evaluated during at least one office visit during the reporting year for the frequency (numeric) of daytime and nocturnal asthma symptoms.

### RATIONALE

According to National Asthma Education and Prevention Program Expert Panel Report 2 guidelines, to determine whether the goals of therapy are being met, monitoring is recommended in the 6 areas listed below:

- Signs and symptoms (daytime; nocturnal awakening) of asthma
- Pulmonary function (spirometry; peak flow monitoring)
- Quality of life/functional status
- History of asthma exacerbations
- Pharmacotherapy (as-needed use of inhaled short-acting beta<sub>2</sub>-agonist, adherence to regimen of long-term-control medications)
- Patient-provider communication and patient satisfaction

### PRIMARY CLINICAL COMPONENT

Asthma; evaluation; symptom frequency

### DENOMINATOR DESCRIPTION

All patients aged 5 to 40 years with diagnosed asthma

### NUMERATOR DESCRIPTION

Patients in the denominator who were evaluated during at least one office visit during the reporting year for the frequency (numeric) of daytime and nocturnal asthma symptoms

## Evidence Supporting the Measure

### PRIMARY MEASURE DOMAIN

Process

### SECONDARY MEASURE DOMAIN

Not applicable

### EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence  
One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

### NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Expert Panel Report: guidelines for the diagnosis and management of asthma. Update on selected topics.](#)

## Evidence Supporting Need for the Measure

### NEED FOR THE MEASURE

Wide variation in quality for the performance measured

### EVIDENCE SUPPORTING NEED FOR THE MEASURE

Centers for Disease Control and Prevention (CDC). Asthma prevalence, health care use and mortality, 2000-2001. [internet]. Hyattsville (MD): National Center for Health Statistics, Centers for Disease Control and Prevention (CDC); 2003 [updated 2003 Jan 28]; [cited 2003 May 01].

From the Centers for Disease Control and Prevention. Self-reported asthma prevalence and control among adults--United States, 2001. JAMA 2003 May 28;289(20):2639-40. [PubMed](#)

Morbidity & Mortality: 2002 chart book on cardiovascular, lung, and blood diseases. Bethesda (MD): National Heart, Lung, and Blood Institute (NHLBI), National Institutes of Health (NIH); 2002 May. 104 p.

National Asthma Education and Prevention Program (NAEPP). NAEPP expert panel report 2: guidelines for the diagnosis and management of asthma. Bethesda

(MD): U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Heart, Lung and Blood Institute; 1997 Jul. 146 p.

National Asthma Education and Prevention Program (NAEPP). NAEPP expert panel report: guidelines for the diagnosis and management of asthma-update on selected topics 2002. Bethesda (MD): National Heart, Lung and Blood Institute (NHLBI); 2002 Jul. 6 p.

National Committee for Quality Assurance (NCQA). The state of managed care quality 2001. Washington (DC): National Committee for Quality Assurance (NCQA); 2001.

## State of Use of the Measure

### STATE OF USE

Pilot testing

### CURRENT USE

Internal quality improvement

## Application of Measure in its Current Use

### CARE SETTING

Ambulatory Care  
Community Health Care  
Managed Care Plans  
Physician Group Practices/Clinics  
Rural Health Care

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses  
Physician Assistants  
Physicians

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

### TARGET POPULATION AGE

Age 5 to 40 years

### TARGET POPULATION GENDER

Either male or female

## STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

### Characteristics of the Primary Clinical Component

## INCIDENCE/PREVALENCE

More than 30 million individuals in the United States have been diagnosed with asthma during their lifetime.

In 2001, 12 million Americans had experienced an asthma attack in the previous year.

Despite potential risks and established clinical guidelines, recent data suggest that some individuals are not being managed optimally for the disease. It has been reported that:

- In 2000, about 60% of children aged 5 to 9 years in the Health Plan Employer Data & Information Set (HEDIS)-participating managed care plans received appropriate asthma medication.
- In 2000, about 59% of adolescents aged 10 to 17 years received appropriate asthma medication.
- In 2000, about 65% of adults aged 18 to 56 years received appropriate asthma medication.

## EVIDENCE FOR INCIDENCE/PREVALENCE

Centers for Disease Control and Prevention (CDC). Asthma prevalence, health care use and mortality, 2000-2001. [internet]. Hyattsville (MD): National Center for Health Statistics, Centers for Disease Control and Prevention (CDC); 2003 [updated 2003 Jan 28]; [cited 2003 May 01].

From the Centers for Disease Control and Prevention. Self-reported asthma prevalence and control among adults--United States, 2001. JAMA 2003 May 28;289(20):2639-40. [PubMed](#)

National Committee for Quality Assurance (NCQA). The state of managed care quality 2001. Washington (DC): National Committee for Quality Assurance (NCQA); 2001.

## ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

## BURDEN OF ILLNESS

Asthma is a chronic respiratory disease that places a considerable burden on those affected and results in substantial morbidity and health care utilization.

## EVIDENCE FOR BURDEN OF ILLNESS

Centers for Disease Control and Prevention (CDC). Asthma prevalence, health care use and mortality, 2000-2001. [internet]. Hyattsville (MD): National Center for Health Statistics, Centers for Disease Control and Prevention (CDC); 2003 [updated 2003 Jan 28]; [cited 2003 May 01].

From the Centers for Disease Control and Prevention. Self-reported asthma prevalence and control among adults--United States, 2001. JAMA 2003 May 28;289(20):2639-40. [PubMed](#)

Morbidity & Mortality: 2002 chart book on cardiovascular, lung, and blood diseases. Bethesda (MD): National Heart, Lung, and Blood Institute (NHLBI), National Institutes of Health (NIH); 2002 May. 104 p.

## UTILIZATION

In 2000, asthma accounted for 10.4 million outpatient visits, 1.8 million emergency department visits, 465,000 hospitalizations, and 4,487 deaths nationally.

## EVIDENCE FOR UTILIZATION

Centers for Disease Control and Prevention (CDC). Asthma prevalence, health care use and mortality, 2000-2001. [internet]. Hyattsville (MD): National Center for Health Statistics, Centers for Disease Control and Prevention (CDC); 2003 [updated 2003 Jan 28]; [cited 2003 May 01].

From the Centers for Disease Control and Prevention. Self-reported asthma prevalence and control among adults--United States, 2001. JAMA 2003 May 28;289(20):2639-40. [PubMed](#)

## COSTS

The total direct and indirect costs of asthma in the United States are estimated at more than \$14 billion annually.

## EVIDENCE FOR COSTS

Morbidity & Mortality: 2002 chart book on cardiovascular, lung, and blood diseases. Bethesda (MD): National Heart, Lung, and Blood Institute (NHLBI), National Institutes of Health (NIH); 2002 May. 104 p.

Institute of Medicine National Healthcare Quality Report Categories

## IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

#### Data Collection for the Measure

##### CASE FINDING

Users of care only

##### DESCRIPTION OF CASE FINDING

All patients aged 5 to 40 years with diagnosed asthma

##### DENOMINATOR SAMPLING FRAME

Patients associated with provider

##### DENOMINATOR (INDEX) EVENT

Clinical Condition

##### DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patients aged 5 to 40 years with diagnosed asthma

Exclusions

None

##### NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients in the denominator who were evaluated during at least one office visit during the reporting year for the frequency (numeric) of daytime and nocturnal asthma symptoms\*

\*To be counted in calculations of this measure, symptom frequency must be numerically quantified. Symptoms should be quantified over the past 204 weeks, not just on the basis of acute attacks. Measure may also be met by physician documentation or patient completion of an asthma assessment tool/survey/questionnaire. Assessment tool may include the QualityMetric Asthma Control Test™, National Asthma Education and Prevention Program (NAEPP) Asthma Symptoms and Peak Flow Diary.

Exclusions

None

##### DENOMINATOR TIME WINDOW

Time window follows index event

#### NUMERATOR TIME WINDOW

Fixed time period

#### DATA SOURCE

Medical record

#### LEVEL OF DETERMINATION OF QUALITY

Individual Case

#### PRE-EXISTING INSTRUMENT USED

QualityMetric Asthma Control Test™

National Asthma Education and Prevention Program (NAEPP) Asthma Symptoms and Peak Flow Diary

### Computation of the Measure

#### SCORING

Rate

#### INTERPRETATION OF SCORE

Better quality is associated with a higher score

#### ALLOWANCE FOR PATIENT FACTORS

Unspecified

#### STANDARD OF COMPARISON

Internal time comparison

### Evaluation of Measure Properties

#### EXTENT OF MEASURE TESTING

Unspecified

### Identifying Information

#### ORIGINAL TITLE

Asthma assessment.

#### MEASURE COLLECTION

[The Physician Consortium for Performance Improvement Measurement Sets](#)

#### MEASURE SET NAME

[Physician Consortium for Performance Improvement: Asthma Core Physician Performance Measurement Set](#)

#### SUBMITTER

American Medical Association on behalf of the Physician Consortium for Performance Improvement

#### DEVELOPER

Physician Consortium for Performance Improvement

#### ADAPTATION

Measure was not adapted from another source.

#### RELEASE DATE

2003 Oct

#### MEASURE STATUS

This is the current release of the measure.

#### SOURCE(S)

Physician Consortium for Performance Improvement. Clinical performance measures: asthma. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2003. 6 p. [13 references]

#### MEASURE AVAILABILITY

The individual measure, "Asthma Assessment," is published in the "Clinical Performance Measures: Asthma." This document is available from the American Medical Association (AMA) Division of Clinical Quality Improvement Web site: [www.ama-assn.org/go/quality](http://www.ama-assn.org/go/quality).

For further information, please contact AMA staff by e-mail at [cqi@ama-assn.org](mailto:cqi@ama-assn.org).

#### COMPANION DOCUMENTS

The following are available:



- Physician Consortium for Performance Improvement. Introduction to physician performance measurement sets. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2001 Oct. 21 p. This document is available from the American Medical Association (AMA) Clinical Quality Improvement Web site: [www.ama-assn.org/go/quality](http://www.ama-assn.org/go/quality).
- Physician Consortium for Performance Improvement. Principles for performance measurement in health care. A consensus statement. [online]. Chicago (IL): American Medical Association (AMA), Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), National Committee for Quality Assurance (NCQA); [3 p]. This document is available from the AMA Clinical Quality Improvement Web site: [www.ama-assn.org/go/quality](http://www.ama-assn.org/go/quality).
- Physician Consortium for Performance Improvement. Desirable attributes of performance measures. A consensus statement. [online]. American Medical Association (AMA), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), National Committee for Quality Assurance (NCQA); 1999 Apr 19 [cited 2002 Jun 19]. [5 p]. This document is available from the AMA Clinical Quality Improvement Web site: [www.ama-assn.org/go/quality](http://www.ama-assn.org/go/quality).

For further information, please contact AMA staff by e-mail at [cqi@ama-assn.org](mailto:cqi@ama-assn.org).

#### NQMC STATUS

This NQMC summary was completed by ECRI on February 26, 2004. The information was verified by the measure developer on September 29, 2004.

#### COPYRIGHT STATEMENT

This Physician Performance Measurement Set (PPMS) was developed by the Physician Consortium for Performance Improvement (The Consortium) to facilitate quality improvement activities by physicians. The performance measures contained in this PPMS are not clinical guidelines and do not establish a standard of medical care. This PPMS is intended to assist physicians in enhancing quality of care and is not intended for comparing individual physicians to each other or for individual physician accountability by comparing physician performance against the measure or guideline. The Consortium has not tested this PPMS.

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